

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM FTO-575)	SERIAL NO.	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6		2				
7	1					
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TOTAL IND.	5					
TOTAL DEP.		2				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						